



Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name for Classroom Use \_\_\_\_\_ Gender (please circle): Male Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Subdivision \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's E-Mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_ Do both parents have custody rights? \_\_\_\_\_

Family's Church (if applicable) \_\_\_\_\_ Denomination/Religion \_\_\_\_\_

Cultural Background \_\_\_\_\_ Primary Language \_\_\_\_\_

Has child attended preschool in the past? Yes / No If yes, where? \_\_\_\_\_

If Sugar Hill Church, who was your child's teacher in 2018-19? \_\_\_\_\_

Does your child have any allergies? Yes / No Does he/she require an epipen? Yes / No

List Allergies: \_\_\_\_\_

Does your child have any other medical conditions, hearing/vision loss, speech delays or developmental delays? Yes / No

If yes, please explain: \_\_\_\_\_

Does/will your child receive developmental services from Babies Can't Wait, Gwinnett County Schools, and/or other public or private services for physical, occupational, behavioral, speech, and/or other delays? Yes / No If yes, please explain: \_\_\_\_\_

**Weekday is not equipped to accommodate all delays and/or special needs, in consideration of the safety, support, and continuing development of each child within our program. Each child will be considered for enrollment on an individual basis.**

How did you hear about our preschool? \_\_\_\_\_

**2019-20 Class Selection:**

- 15 – 23 Month Old (T/Th), \$210 \_\_\_\_\_
- 15 – 23 Month Old (M/W), \$210 \_\_\_\_\_
- 2-Year Old, 2-Day (T/Th), \$210 \_\_\_\_\_
- 2-Year Old, 3-Day (M/W/F), \$235 \_\_\_\_\_
- 2-Year Old, 4-Day (M – Th), \$260 \_\_\_\_\_
- 3-Year Old, 2-Day (T/Th), \$210 \_\_\_\_\_
- 3-Year Old, 3-Day (M/W/F), \$235 \_\_\_\_\_
- 3-Year Old, 3-Day (T/Th/F), \$235 \_\_\_\_\_
- 3-Year Old, 4-Day (M – Th), \$260 \_\_\_\_\_
- 3-Year Old, 5-Day (M – F), \$285 \_\_\_\_\_
- 4-Year Old, 3-5 Day Flex, \$235-\$285 \_\_\_\_\_
- 4-Year Old, 4-Day (M – Th), \$260 \_\_\_\_\_
- 4-Year Old, 5-Day (M – F), \$285 \_\_\_\_\_
- Young 5's/TK, 5-Day (M – F), \$285 \_\_\_\_\_

**Please Note:**

- All classes attend 9:00 AM – 1:00 PM.
- A child must be the age of the class as of September 1, 2019 to be eligible for that class.
- Children enrolled in toddler classes (ages 15 to 23 months are only eligible for one rotation – no more than 8 hours per week).
- A non-refundable, non-transferable registration fee (equivalent to one month's tuition) must accompany application.
- Parents will be responsible for providing certain school supplies (as indicated on a school issued list) before preschool begins in September.
- A current immunization form must be provided by August 1, 2019 (or at the time of registration if after August 1, 2019).
- Children attending 3-year and older classes are to be toilet trained.

**Please complete additional information on reverse side.**

## Parent Agreement *(Please Initial and Sign Below)*

*Parent Initials* \_\_\_\_\_ I wish to enroll my child, \_\_\_\_\_ at Sugar Hill Church Weekday Preschool for the 2019-20 school year. I understand that any/all registration fees are **without exception non-refundable and non-transferable at the time of receipt**, and these fees do not apply to any month's tuition. I also agree to make nine additional tuition payments for the amount provided on the front of the form for the registered class on the 1<sup>st</sup> day of the following months: July, September, October, November, December, January, February, March, and April. Tuition is considered past due if received after the 15<sup>th</sup> day of the month for which it is due. I understand that a late fee of \$20 will be added to my child's tuition account for any payments not received by the 15<sup>th</sup> day of the month due. If my tuition account becomes two months past due at any time, I understand that my child will be withdrawn from enrollment. All tuition payments are **without exception non-refundable and non-transferable at the time of receipt**. I understand the July 1<sup>st</sup> tuition payment confirms and guarantees my child's enrollment for the beginning of school in September, and that it is **without exception non-refundable and non-transferable at the time of receipt**. Without receipt of this payment by July 1, 2019, the Weekday Preschool has the right to relinquish my child's spot to another applicant. I understand if I must withdraw my child from the Weekday Preschool that one month's notice is required and the July tuition payment will be applied to my last month's tuition. If I have not yet made the July payment due to late enrollment, I understand that I will be responsible for paying the last month's tuition payment if I do not provide one month's notice.

*Parent Initials* \_\_\_\_\_ I understand that I will be charged a late fee (\$1 per minute) if I pick up my child later than 15 minutes after his/her dismissal time (1:00 PM). I also understand that I will be responsible for paying the bank charges as well as a \$30 fee for any checks returned by the bank for any reason. If a second check is returned, all future payments must be made in cash, by money order, or online with a debit or credit card. I understand that Sugar Hill Church Weekday Preschool reserves the right to withdraw a student from enrollment and/or to change classes offered at any time for any reason.

*Parent Initials* \_\_\_\_\_ It is mutually agreed that in the event of an accident or illness of my child while in the care of Sugar Hill Church Weekday Preschool, the Weekday Preschool shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately reached, the Weekday Preschool will use its best efforts to contact the emergency contacts provided in the order listed on the child's clinic card. In the event the parents and the emergency contacts are not immediately available, the Weekday Preschool is authorized to secure such care as the situation may reasonably warrant.

*Parent Initials* \_\_\_\_\_ I attest that I am the aforementioned child's parent/legal guardian and that I have legal custody rights to make decisions on behalf of this child, and as such I agree that where Sugar Hill Church Weekday Preschool has acted in good faith to comply with an accident and/or illness procedure, it shall not be liable for any accident and/or illness to this child, any and all liability as might otherwise exist being expressly waived by the parent/legal guardian.

*Parent Initials* \_\_\_\_\_ Sugar Hill Church Weekday Preschool, as an educational program offering preschool for ages two (2) through six (6) years of age and Mother's Morning Out for toddlers (attending no more than 8 hours/week), qualifies for an exemption from state licensure (as per Bright from the Start Rule 591-1-1-.46). As a parent of a student attending Sugar Hill Church Weekday Preschool, I acknowledge that I have been advised that Sugar Hill Church Weekday Preschool is not licensed and is not required to be licensed by the state as per the exemption rules with Bright from the Start (Rule 591-1-1-.46). By signing, I acknowledge that I am also aware that Sugar Hill Church carries liability insurance for the Weekday Preschool.

*Parent Initials* \_\_\_\_\_ I also agree to read and abide by all of the policies in the parent handbook, which is to be provided by Sugar Hill Church Weekday Preschool. I grant permission for my child's name, our parent names, home address, phone number and email address to be included on the class directory, which may be distributed to other parents in my child's class. I also give permission for my child to be photographed or videoed, understanding that these photos/videos will be used for school purposes only, such photos/videos will not be shared by representatives of Sugar Hill Church in public forums outside of Sugar Hill Church, and the identity of all children will be kept private at all times.

By signing below, I hereby acknowledge my understanding and agreement to the aforementioned Parent Agreement.

*Parent/Legal Guardian's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

### For Office Use Only

Reg Date \_\_\_\_\_ Registered Class \_\_\_\_\_

Reg Fee Due \$ \_\_\_\_\_ Payment Amt \$ \_\_\_\_\_ Tender \_\_\_\_\_

Adjustment/Reason \_\_\_\_\_

Sibling Combined Payment Amount \_\_\_\_\_

Sibling #1 \_\_\_\_\_ Registered Class \_\_\_\_\_

Discount Applied \$ \_\_\_\_\_ Monthly Payment Amount \$ \_\_\_\_\_

Sibling #2 \_\_\_\_\_ Registered Class \_\_\_\_\_

Discount Applied \$ \_\_\_\_\_ Monthly Payment Amount \$ \_\_\_\_\_

**July:**  
Balance \_\_\_\_\_ Reason \_\_\_\_\_

Date Due \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Payment Amt \$ \_\_\_\_\_ Tender \_\_\_\_\_

Additional Notes \_\_\_\_\_